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A HALFWAY HOUSE PROGRAM FOR DEAF PSYCHIATRIC PATIENTS

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A special ward for emotionally disturbed deaf persons was opened in April 1963 at Rockland State Hospital, the first in-hospital facility for this population anywhere. An out-patient clinic had been established at the New York State Psychiatric Institute in 1955 and the hospital unit began eight years later after an extensive survey of all deaf people in New York State by Drs. Franz Kallmann, John Rainer, and Kenneth Altshuler and their research staff. This study demonstrated the need for the deaf, severely disturbed patient to be in a place where there was a staff trained to communicate with him and where there were other deaf people too.

Because this was a new program with no guidelines to follow, it became evident by 1965 that there were no facilities available in the community for any deaf patient ready for discharge from the hospital. Among the community agencies that were then investigated as possible resources for discharged deaf patients was Fountain House.

Fountain House is a halfway house, located in New York City, which was founded in 1948 for hearing persons who were formerly patients in mental hospitals. Its executive director is John H. Beard. The halfway house attempts to bridge that difficult period between the total security of a hospital environment and the insecurity of a return to non-sheltered living in society. It affords the patient a social milieu in which to rediscover himself and make new and better adjustments. Ideally the patient will be able to ease himself back into community life having learned to function better than had been possible before his illness.

Fountain House provides a variety of programs for the social and vocational rehabilitation of its members. The house is organized into

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different work areas. The kitchen prepares dinner for all its members expected in any one day. This involves a total restaurant operation, all under the supervision of staff, where the members learn to purchase the food, cook it, wait on tables, bus tables, and handle the cashier's job. There is a snack bar for hours when the kitchen is closed, where all of the above skills are used on a smaller scale. In the clerical division, typing, filing, and switchboard operations are performed under similar conditions as those found in offices. The housekeeping unit is responsible for the cleanliness of the entire building. Porter work can be learned in this context as well as good homemaking habits.

In addition to the day activities in the house itself, Fountain House has developed a transitional vocational program for its members who are ready for it, called the Temporary Employment Placement Program (TEP). This unique arrangement involves eight to ten members who go on a job placement for four hours per day under the supervision of a staff member. This staff worker takes over for absentees, or in the case of any faulty performance by a member, thus assuring the employer of satisfactory work completion. By dividing the day into half sessions, twice the number of members can benefit from one placement. A member is maintained on a TEP for several months during which time he develops good work habits and is acclimated to the world of work. If successful, the member is then ready for regular full-time employment.

Another equally important facet of Fountain House's service is their apartment program. The house itself does not provide residence, but helps to solve the enormous problem of housing for those members who have no family to return to or where such return is non-therapeutic. There are 42 apartments throughout New York City presently leased to the Fountain House Foundation. Fountain House then rents these apartments to two or three members who in turn pay rent to Fountain House. In this way the landlord is always protected should a member not be responsible for the rent.

How would it be possible to make all of the above services available and meaningful to deaf members? Fountain House had never serviced deaf people before and it became immediately evident that they could not simply "fit in". After a period of trial and error it was obvious that someone at Fountain House had to be responsible for deaf members—to be able to explain the various programs; to show each deaf person what he was to do; to be able to communicate with him so that what was expected of him was clear and the entire operation became comprehensible; and to handle any special problems that came up. This effort began in 1965 when one of the Fountain House staff, Andree Carter, was assigned to devote two days per week to four deaf patients. This social worker soon realized how much more time and effort was required to work with these patients and became aware of the need to learn manual language in order to be certain of complete

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communication. When the staff member took over the supervision of the deaf members, the full program at Fountain House became available to this now growing group. A day visiting program was added whereby patients who were still hospitalized could go to the house for the day. This enabled these patients to become familiar with the house, and with the frustrations of bus and subway travel. According to the progress that a patient made at the hospital, the number of visiting days could be increased to include a full five day week.

From the time of its inception in 1965 the number of deaf patients in the Fountain House program has consistently grown. It became necessary in 1969 to have a staff member who works for the deaf unit stationed at Fountain House full time in addition to the original Fountain House staff members. (This new staff position was first filled by Huberta Schroedel with Pia Brown now in the position. Both of these workers are deaf themselves.) This worker attends the unit's staff conference at the hospital each month. She reports on all the discharged patient's problems, progress and any other pertinent news. This visit also gives her the opportunity to meet and learn about any new patients who are presented at conference, and it affords the new patient the benefit of getting to know the person who is "out there" before embarking on the trip. Throughout each week the writer, who is responsible for the coordination of the Fountain House deaf program from the hospital, is in constant contact with the Fountain House workers, both by phone and personal visits. If an emergency should arise it can be handled by reaching the doctor who treated the patient in the hospital and who continues to treat this patient in aftercare. The Fountain House worker sees to it that the deaf members keep their aftercare appointments with their respective therapists at the Psychiatric Institute; she accompanies those patients who require public assistance to social service offices; she makes sure that appointments are kept with other agencies, such as New York State Office of Vocational Rehabilitation, New York Society for the Deaf, training schools, sheltered workshops, etc.; she attends medical clinics with patients when necessary; she visits members at their homes, goes out to dinner with them, visits museums, and attends other social functions with them. This staff person is in overall charge of the patient's total rehabilitation while in the Fountain House program.

In an attempt to illustrate how the hospital and Fountain House cooperate towards the comprehensive rehabilitation of an extremely disturbed deaf patient, the following case history is offered:

O.R. is a twenty-five year old young man whose profound deafness was noted when he was one year old. He began nursery school for the deaf at three and a half years of age and while there was forced to drink milk, following which he developed semi-catatonic behavior. He then stopped eating altogether and

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had to be hospitalized for malnutrition. He returned to a different school for the deaf but had learning difficulties related to emotional problems. When he was eight years old he was placed in a residential school for the deaf and only went home on weekends, holidays, and vacations.

At home his parents were very permissive, letting O.R. push everyone around. They were unrealistic about the boy and could not accept that he had any serious problems. At the residential school, O.R. was not functioning very well and was behind in his learning. At one point he was accused of setting a fire on the school premises and was suspended. The school would only allow him back on the promise that he be seen by a psychiatrist. It was this provision that forced the family to accept the need for psychiatry and they took him to the outpatient clinic for the deaf when he was 17 years old. At the New York State Psychiatric Institute they still did not think he was "sick", continued to project all problems onto the school and felt he would "out-grow" his difficulties. He had a long history of poor adjustment, compulsively touched everything at home and in stores and when seen at Psychiatric Institute was thought to have a diagnosis of childhood schizophrenia. His behavior became overtly aggressive at home and his parents decided to hospitalize him for fear of trouble with the police.

On admission to the special unit for the deaf at Rockland State Hospital, O.R. was found to be in poor contact, and his behavior was disorganized and bizarre. He could not stand still and continued to have to touch everything. He had delusions, outbreaks of rage, and manifested autistic behavior. He was concerned only with self and things that gave him pleasure like eating and drinking, but had no interest in any constructive activities. He was unable to relate to anyone in the environment, his affect was flattened, and he only showed anxiety when frustrated in his autistic interests.

He was soon treated with chemotherapy and gradually there was some improvement in his behavior. His progress was very slow but steady, and a prolonged hospitalization was needed. The area in which improvement was most noticed was in his relationship with others. He was able to "listen" to people and develop a good relationship with his therapist so that continued progress was possible.

O.R. was admitted to the ward for the deaf in October 1967, and was finally ready to start participating in the Fountain House visiting day program in July 1968. His behavior at Fountain House was immature at first but with continued psychotherapy,

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adjustment to chemotherapy, and under attention from the Fountain House counselor, he improved steadily. His attendance at Fountain House was gradually increased from one to five days per week. By March 1970, it was felt that he had reached maximum hospital benefit. The plan for him was to live at home, see the therapist who had treated him in the hospital at the special clinic for the deaf at Psychiatric Institute, and continue at Fountain House daily.

O.R.'s progress from the time of his discharge has been similarly slow and steady. He attends Fountain House daily and was exposed to all of the house activities. The special worker at Fountain House gave O.R. intensive supervision in each area and O.R. showed most interest in the clerical area. Here he demonstrated good attention span, integrated with the hearing members as well as his deaf peers and developed some good work habits. Just recently O.R. was put on a TEP (Temporary Employment Placement) at a large advertising agency where he is doing collating. Hopefully, one day he will be able to go on from the TEP to some similar job on a full-time basis.

This case study underlines how the rehabilitation process begins while the patient is still in the hospital, the cooperation of the community agency with the hospital staff, the follow-up of the patient after discharge by his original therapist and how the community agency implements his social and vocational rehabilitation.

At the time of this writing there have been 40 deaf patients who have benefited from some kind of Fountain House service. Twenty-two have participated in evening programs that have included captioned films for the deaf, cooking classes, card games, refreshments, and general socialization. Eleven deaf members have lived in Fountain House apartments and eighteen deaf members have been on one or more Temporary Employment Placements. The service that has been developed at Fountain House for the ex-mental hospital deaf patient has become one of the most significant aspects of the total program. As Fountain House itself constantly expands its services and tries new methods, we look forward to continued progress in the rehabilitation of the deaf, emotionally disturbed person.